

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

10 East Doty Street

Suite 701

☐ Check if different than previously reported. (ACC)

MADISON

WI

53703

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00545194

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☒ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only) ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only) ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)(c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ PRE-Election Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S) ☐ POST-Election Report for the:

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y 04 01 2015 06 30 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DWAYNE A. GANTZ

Signature of Treasurer DWAYNE A. GANTZ

[Electronically Filed]

Date

07

13

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		9233.27
(b) Cash on Hand at Beginning of Reporting Period.....	1979.18	
(c) Total Receipts (from Line 19)	36229.48	37023.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	38208.66	46257.25
7. Total Disbursements (from Line 31)	5052.79	13101.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	33155.87	33155.87
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	35192.48	35192.48
(ii) Unitemized	1037.00	1831.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	36229.48	37023.98
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	36229.48	37023.98
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	36229.48	37023.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	36229.48	37023.98

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	52.79	101.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	52.79	101.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	8000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	5000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5052.79	13101.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5052.79	13101.38

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	36229.48	37023.98
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36229.48	37023.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	52.79	101.38
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	52.79	101.38

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 16
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. PETER ANHALT

Mailing Address 1800 NORTHPOINT DRIVE

City	State	Zip Code
STEVENS POINT	WI	54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

SVP GROUP EXECUTIVE - P/L

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	5		2	0	1	5		

Transaction ID : SA11AI.4255

Amount of Each Receipt this Period

2100.00

Full Name (Last, First, Middle Initial)

B. GREG ARMSTRONG

Mailing Address 1800 NORTHPOINT DRIVE

City	State	Zip Code
STEVENS POINT	WI	54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

AVP - PL CLAIMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	5		2	0	1	5		

Transaction ID : SA11AI.4257

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

C. BRETT BEVERSDORF

Mailing Address 1800 NORTH POINT DRIVE

City	State	Zip Code
STEVENS POINT	WI	54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

DIR-AVIATION & TRAVEL SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		0	5		2	0	1	5		

Transaction ID : SA11AI.4208

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

2900.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MICHAEL DIETRY

Mailing Address 1800 NORTH POINT DRIVE

City State Zip Code
 STEVENS POINT WI 54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

AVP-PL PRODUCT & AGENCY SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 05 2015

Transaction ID : SA11AI.4210

Amount of Each Receipt this Period

134.75

Full Name (Last, First, Middle Initial)

B. MICHELLE DUFRESNE

Mailing Address 1800 NORTHPOINT DRIVE

City State Zip Code
 STEVENS POINT WI 54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

AVP-WC CLAIMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 05 2015

Transaction ID : SA11AI.4259

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

C. KEN ERLER

Mailing Address 1800 NORTHPOINT DRIVE

City State Zip Code
 STEVENS POINT WI 54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

SVP-CHIEF ADMIN OFF, GEN CNSL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 05 2015

Transaction ID : SA11AI.4247

Amount of Each Receipt this Period

2100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2834.75

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JAMES FRANK

Mailing Address 1800 NORTHPOINT DRIVE

City

STEVENS POINT

State

WI

Zip Code

54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

VP INFORMATION TECHNOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.4249

Amount of Each Receipt this Period

1600.00

Full Name (Last, First, Middle Initial)

B. DWAYNE A. GANTZ

Mailing Address 1800 NORTHPOINT DRIVE

City

STEVENS POINT

State

WI

Zip Code

54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

AVP-CHIEF ACCOUNTING EXECUTIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2015

Transaction ID : SA11AI.4234

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

C. DAVID HARTMAN

Mailing Address 1800 NORTHPOINT DRIVE

City

STEVENS POINT

State

WI

Zip Code

54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

VP SEGMENT EXECUTIVE (DO)

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.4258

Amount of Each Receipt this Period

1600.00

SUBTOTAL of Receipts This Page (optional)..... ►

3800.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. WEI HUANG

Mailing Address 1800 NORTHPOINT DRIVE

City	State	Zip Code
STEVENS POINT	WI	54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

VP EQUITY INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2015

Transaction ID : SA11AI.4242

Amount of Each Receipt this Period

1700.00

Full Name (Last, First, Middle Initial)

B. JOHN HYLAND

Mailing Address 1800 NORTHPOINT DRIVE

City	State	Zip Code
STEVENS POINT	WI	54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

VP SEGMENT EXECUTIVE (SBP)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2015

Transaction ID : SA11AI.4243

Amount of Each Receipt this Period

1600.00

Full Name (Last, First, Middle Initial)

C. TIM KELLY

Mailing Address 1800 NORTHPOINT DRIVE

City	State	Zip Code
STEVENS POINT	WI	54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

AVP-CL CLAIMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.4250

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)..... ►

3900.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. STEPHEN MARSDEN

Mailing Address 1800 NORTH POINT DRIVE

City State Zip Code
STEVENS POINT WI 54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

AVP-PL PRODUCTS & PRICING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.48

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2015

Transaction ID : SA11AI.4213

Amount of Each Receipt this Period

157.73

Full Name (Last, First, Middle Initial)

B. JAMES MCDONALD

Mailing Address 1800 NORTHPOINT DRIVE

City State Zip Code
STEVENS POINT WI 54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

VP FIXED INCOME

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2015

Transaction ID : SA11AI.4244

Amount of Each Receipt this Period

1600.00

Full Name (Last, First, Middle Initial)

C. PETER MCPARTLAND

Mailing Address 1800 NORTHPOINT DRIVE

City State Zip Code
STEVENS POINT WI 54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

CHRM OF THE BOARD, PRES & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2015

Transaction ID : SA11AI.4240

Amount of Each Receipt this Period

3100.00

SUBTOTAL of Receipts This Page (optional)..... ►

4857.73

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. CHRISTOPHER MEADOWS</p> <p>Mailing Address 1800 NORTHPOINT DRIVE</p> <p>City State Zip Code STEVENS POINT WI 54481</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SENTRY INSURANCE AVP-EQUITY INVESTMENTS</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 600.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 22 / 2015</p> <p>Transaction ID : SA11AI.4235</p> <p>Amount of Each Receipt this Period 600.00</p>	
<p>Full Name (Last, First, Middle Initial) B. SCOTT MILLER</p> <p>Mailing Address 1800 NORTHPOINT DRIVE</p> <p>City State Zip Code STEVENS POINT WI 54481</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SENTRY INSURANCE VP SEGMENT EXECUTIVE (NA)</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1600.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 22 / 2015</p> <p>Transaction ID : SA11AI.4245</p> <p>Amount of Each Receipt this Period 1600.00</p>	
<p>Full Name (Last, First, Middle Initial) C. SEAN NIMM</p> <p>Mailing Address 1800 NORTHPOINT DRIVE</p> <p>City State Zip Code STEVENS POINT WI 54481</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SENTRY INSURANCE AVP-TRANS PRODUCTS & PRICING</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 600.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 05 / 2015</p> <p>Transaction ID : SA11AI.4256</p> <p>Amount of Each Receipt this Period 600.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			2800.00	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. EDWARD PECK

Mailing Address 1800 NORTHPOINT DRIVE

City	State	Zip Code
STEVENS POINT	WI	54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

AVP-NATL ACCOUNTS PRODS & PRICING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04		22		2015

Transaction ID : SA11AI.4236

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. JAYNE PETRUSKA

Mailing Address 1800 NORTHPOINT DRIVE

City	State	Zip Code
STEVENS POINT	WI	54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

VP CHIEF HR OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		05		2015

Transaction ID : SA11AI.4254

Amount of Each Receipt this Period

1600.00

Full Name (Last, First, Middle Initial)

C. ELISHA ROBINSON

Mailing Address 1800 NORTHPOINT DRIVE

City	State	Zip Code
STEVENS POINT	WI	54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

AVP-FINANCIAL PLANNING & ANALY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04		22		2015

Transaction ID : SA11AI.4237

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)..... ►

2800.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 16
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TODD SCHROEDER

Mailing Address 1800 NORTHPOINT DRIVE

City	State	Zip Code
STEVENS POINT	WI	54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

AVP-CL PRODUCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2015

Transaction ID : SA11AI.4238

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. STEPHANIE SMITH

Mailing Address 1800 NORTHPOINT DRIVE

City	State	Zip Code
STEVENS POINT	WI	54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

AVP-MARKETING & BRAND MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.4246

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

C. MARK TRAUTSCHOLD

Mailing Address 1800 NORTHPOINT DRIVE

City	State	Zip Code
STEVENS POINT	WI	54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

SVP CHIEF CLAIMS OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.4253

Amount of Each Receipt this Period

2100.00

SUBTOTAL of Receipts This Page (optional)..... ►

3300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 14 OF 16

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JAMES WEISHAN

Mailing Address 1800 NORTHPOINT DRIVE

City	State	Zip Code
STEVENS POINT	WI	54481

FEC ID number of contributing federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

EVP CHIEF INVESTMENT OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2015

Transaction ID : SA11AI.4241

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

B. MICHAEL WILLIAMS

Mailing Address 1800 NORTHPOINT DRIVE

City	State	Zip Code
STEVENS POINT	WI	54481

FEC ID number of contributing federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

VP CHIEF ACTUARY/RISK OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.4248

Amount of Each Receipt this Period

1600.00

Full Name (Last, First, Middle Initial)

C. RICHARD WITTMANN

Mailing Address 1800 NORTHPOINT DRIVE

City	State	Zip Code
STEVENS POINT	WI	54481

FEC ID number of contributing federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

VP SEGMENT EXECUTIVE (TR)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.4251

Amount of Each Receipt this Period

1600.00

SUBTOTAL of Receipts This Page (optional)..... ►

5800.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 16

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DANIEL WUEST

Mailing Address 1800 NORTHPOINT DRIVE

City

STEVENS POINT

State

WI

Zip Code

54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

VP IT-COMMERCIAL LINES

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	5		2	0	1	5		

Transaction ID : SA11AI.4252

Amount of Each Receipt this Period

1600.00

Full Name (Last, First, Middle Initial)

B. ROBERT YEISER

Mailing Address 1800 NORTHPOINT DRIVE

City

STEVENS POINT

State

WI

Zip Code

54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

AVP-PL CUSTOMER & BRAND DEVELOPME

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		2	2		2	0	1	5		

Transaction ID : SA11AI.4239

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

2200.00

TOTAL This Period (last page this line number only)..... ►

35192.48

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DUFFY FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2015

Mailing Address PO BOX 538

City	State	Zip Code
WAUSAU	WI	54402

Transaction ID : SB23.4265Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

SEAN DUFFYCategory/
Type

2500.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WI District: 07

Full Name (Last, First, Middle Initial)

B. SHELBY FOR U S SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2015

Mailing Address POST OFFICE BOX 1091

City	State	Zip Code
TUSCALOOSA	AL	35403

Transaction ID : SB23.4264Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

RICHARD C SHELBYCategory/
Type

2500.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: AL District: 00

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

5000.00
